

Fill in this information to identify the case:

Debtor name C&C Roadside Assistance Co LLC

United States Bankruptcy Court for the:

Eastern District of Pennsylvania

Case number (if known): 25-10276

☒ Check if this is an amended filing

## Official Form 206E/F

### Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

#### Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507)

- ☐ No. Go to Part 2.  
☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

2.1 Priority creditor's name and mailing address

Internal Revenue Service

Centralized Insolvency Operation

PO Box 7346

Philadelphia, PA 19101-7346

Date or dates debt was incurred

Last 4 digits of account  
number                    

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the Claim:

Is the claim subject to offset?

- ☒ No  
☐ Yes

Total claim

\$253,984.00

Priority amount

\$253,984.00

2.2 Priority creditor's name and mailing address

PA Department of Labor & Industry

Attn: Office of Chief Counsel

651 Boas St Fl 10

Harrisburg, PA 17121-0751

Date or dates debt was incurred

Last 4 digits of account  
number 1 2 5 7

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the Claim:

Is the claim subject to offset?

- ☒ No  
☐ Yes

\$25,024.00

\$25,024.00

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Part 1: Additional Page

<b>2.3</b>	<b>Priority creditor's name and mailing address</b> <u>Pennsylvania Department of Revenue</u> <u>Bankruptcy Division</u> <u>1 Revenue PI</u> <u>Harrisburg, PA 17129-0001</u>  <b>Date or dates debt was incurred</b>   <b>Last 4 digits of account number</b> <u>8 8 3 9</u>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) <u>(8)</u>	<b>As of the petition filing date, the claim is:</b> <u>\$14,129.00</u> <u>\$14,129.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the Claim:</b>   <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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**Part 2:** List All Creditors with NONPRIORITY Unsecured Claims

**3. List in alphabetical order all of the creditors with nonpriority unsecured claims.** If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

			Amount of claim
<b>3.1</b>	<b>Nonpriority creditor's name and mailing address</b> <b>AFCO Premium Finance</b> <b>PO Box 4795</b> <b>Carol Stream, IL 60197</b>  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____ <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,625.00</b>
<b>3.2</b>	<b>Nonpriority creditor's name and mailing address</b> <b>Square</b> <b>1455 Market Street Suite 600</b> <b>San Francisco, CA 94103</b>  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____ <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$8,000.00</b>
<b>3.3</b>	<b>Nonpriority creditor's name and mailing address</b> _____ _____ _____  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____ <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	_____
<b>3.4</b>	<b>Nonpriority creditor's name and mailing address</b> _____ _____ _____  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____ <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	_____

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Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

Total of claim amounts

5a. Total claims from Part 1 5a. \$293,137.00

5b. Total claims from Part 2 5b. + \$11,625.00

5c. Total of Parts 1 and 2 5c. \$304,762.00  
Lines 5a + 5b = 5c.